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THE DUCTLESS GLANDS AND THEIR SECRETIONS*

By Dr. Grant Campbell

The subject that I wish to draw to your attention this evening is a very large one to attempt to explain in so short a time, but it is so fascinating, and as our knowledge of it increases, will do so much to improve our treatment of many conditions, that I feel that no further apology is needed for interesting you in it.

The idea of secretion has from the earliest period of physiology been associated with a gland. The essential of a gland is a surface, more or less involuted, provided with epithelial cells containing granules of the substance to be secreted, but in the typical glands of the body this simple arrangement has become more complicated and the epithelial cells open onto small tubules, which in turn open onto larger ones, until they all empty into one main duct or channel. Such is the structure of a typical gland in the human body—of which the salivary glands with their secretion, the saliva, form a good example.

There are also certain structures which resemble these glands in their general characteristics and in their type of cell, but which have no secreting ducts or tubules and which consequently are known as the Ductless Glands: and it is to what we have recently learned about them that I wish to draw your attention this evening.

For a long time the general nature of these Ductless Glands has been recognized and, as they had no ducts to secrete through, the hypothesis arose that they must pour their secretion directly into the blood stream—a process termed internal secretion.

The term, ductless gland, was originally applied to a much larger group than at present. With our increased knowledge, now the structures usually included are the Thyroid and the Parathyroids, the Suprarenal Capsules, the Pituitary Body and the Thymus.

It is generally held at present that these ductless glands each manufacture and pour directly or indirectly into the blood stream some substance or substances which are of service in the economy either by sup-

*A lecture to the Canadian Nurses' Association Montreal.

plying a need or by destroying other substances which are needless or positively harmful, and that although they may have to some extent the power of replacing one another, all are needful to perfect health.

In other words, the ductless glands act on other tissues at a distance by means of substances termed Hormones which are conveyed to the cells for which they are destined by means of the blood stream. These Hormones have the power of exciting a definite form of chemical activity on the cells they act upon, or, on the other hand, they may inhibit or control this acitivity of these cells. The normal metabolism of the tissues in health is maintained at its proper level by an adequate supply of hormones from all of these glands. We do not know in what form these hormones are conveyed by the blood stream, but we do know that in health the blood stream does transmit them efficiently.

The thyroid gland is probably the one which we know most about. It lies, as you all know, just in front of the trachea and above the sternum, and consists of two lobes joined across the trachea by a narrow band or isthmus. The lobes are divided up into lobules by strands of connective tissue and the lobules themselves are subdivided into small spaces or alveoli into which is secreted a colloid substance. The blood supply of the thyroid gland is very rich. So much we do know, but of its functions we can be less positive, although it is of undoubted importance to metabolism. Our first knowledge of its functions was due to the study of cases in which it was defective or wanting.

Only forty years ago Sir William Gull gave us the first account of Myxoedema under the name of "a cretinoid state supervening in adult life in women," to which four years later the name myxoedema was applied and the condition was soon found to follow artificially after complete removal of the thyroid and parathyroids. The appearance of the patient is very striking.

Usually the victim is a woman, and one is struck by the marked increase in the general bulk of the body, due to a firm inelastic swelling of the skin. The facial expression becomes dull and heavy and all the lines of expression are lost, the mouth becomes enlarged and the lips and nose thickened and the skin of the whole body becomes dry, rough and itchy. There is a striking slowness of thought and of movement, the memory becomes defective and the patient becomes irritable and lethargic. The course of the disease is slow but steadily progressive.

In children a remarkable form, termed Cretinism, occurs, due to malformation of the gland at birth or early loss of function. The child does not grow properly, and is usually mentally defective. The tongue becomes large and hangs out of the mouth; the face appears large and bloated, with puffy eyes. The abdomen is swollen, the legs are thick and short, and the hands and feet are undeveloped and pudgy. The muscles are weak and flabby and the child cannot support himself. The

brain suffers nearly always and the various grades of idiocy and imbecility are found among them.

The contrast where there is oversecretion and enlargement of the thyroid is one of the most striking phenomena known to medical science —Graves' disease or Exophthalmic Goitre is the very antithesis of myxoedema. It is almost too well known to need description : The patient is bright, nervous and very excitable. The skin is moist and flushes easily, while prominent bulging eyes, enlarged thyroid gland, rapid pulse, and rapid emaciation make the diagnosis obvious. This condition also is mostly found among women.

The Suprarenal capsules, or adrenals, are a pair of small ductless glands, one situated like a cap over the upper anterior end of either kidney and each about the size of a pigeon's egg.

They consist of an outer zone or cortex and an inner portion or medulla, and so in this little gland we have two distinct and separate parts with probably distinct functions. The cortex is the greater in amount but by most authorities, the medulla is thought to be the source of the chief internal secretion. The function of these small glands in the body economy is as yet a matter of theory, but it is fairly certain that their presence is necessary to life, and we know that if they become diseased a striking change occurs in the whole organism. The theory most commonly accepted as to their function is briefly as follows: The medulla of the adrenals is continually secreting into the blood an active material, adrenalin, which is beneficial in maintaining the tone of the muscular tissues and particularly that of the vascular system and the absence of this active substance in animals deprived of these glands and in the human subject in which they have both become diseased is the true cause of the symptoms which manifest themselves in these circumstances.

Of one thing we are certain and that is that disease of these organs —usually tubercular—results in a very striking set of symptoms described first by Addison as "Anaemia, general langour or debility, remarkable feebleness of the heart's action, irritability of the stomach and a peculiar change of colour in the skin"—a condition subsequently named "Addison's Disease," and rendered familiar outside the profession by the great author-physician, Oliver Wendell Holmes, in his Poet at the Breakfast Table."

The Pituitary Body is a small gland about the size of a bean, situated at the base of the brain. It consists of two lobes, an anterior and a posterior, connected by the pars intermedia and these two lobes differ in size, in structure, and in function. As with the thyroid, so with the pituitary, there is an increase in size during pregnacy, more especially of the anterior lobe. This anterior lobe has a marked relationship to the generative system for it is found that young animals in which it is

destroyed show no further sexual development and the genital organs remain in an infantile condition; also similar results have been recorded as following disease of this gland in the human subject.

The posterior lobe has an entirely different origin and structure. It is developed from the floor of the brain, whereas the anterior is formed by a puckering in of the epithelium which goes to form the mouth cavity.

Disease of the pituitary gland in the human subject results in a very striking and distinct picture to which the name "Acromegaly" has been applied. The hands and feet become greatly enlarged, giving the former a curious spade-like character. The head increases in volume, but not so much in proportion as the face, which becomes much elongated and enlarged in consequence of the increase in size of the superior and inferior maxillary bones, more especially the latter. The nostrils are large and broad, the eyelids greatly thickened, and the ears enormously hypertrophied, the whole change resulting in the so-called "leonine facies."

A great deal of work has lately been done in studying its function; and extracts from the posterior lobe have been found to cause a marked rise in blood pressure, to constrict the smaller blood vessels, to stimulate the kidneys to increased action and to strengthen and slow the heart-beat as well as to cause marked contraction of the uterine muscle during labor. These results, however, will be dealt with more fully under the uses of these extracts.

The thymus gland, while belonging to this group, is of importance only in the foetal and infantile stages of development—little is really known about it. It lies just below the thyroid gland, under the upper end of the sternum and normally reaches its highest development about the end of the second year and then commences to atrophy. Hypertrophy of the thymus is often found in cases of sudden death, particularly in infants. Of its functions nothing is known and its extirpation leads to no ill-effects in animals.

In addition to these true ductless glands it has long been known that the genital glands exercise a dual function and that their removal not only induces sterility but other remarkable effects including the lack of development of the secondary sexual characteristics. There is undoubtedly a close relationship between the functions of these glands and of the other ductless glands for defect of either pituitary or thyroid glands may result in a similar picture to that due to defect in the true generative organs.

What is the practical result of all these investigations, and to what extent has this increased knowledge aided us in the battle against disease and deformity?

Although the work has but just begun, marked strides in advance

have already taken place, for the results of these observations have led to a logical and rational treatment.

In discussing the treatment of myxoedema and cretinism, Sir William Osler says: "Our art has made no more brilliant advance than in the cure of these disorders due to disturbed function of the thyroid gland. That we can to-day rescue children otherwise doomed to helpless idiocy, that we can restore to life the hopeless victims of myxoedema is a triumph of experimental medicine. The results as a rule are most astounding, unparalleled by anything in the whole range of curative measures. Within six weeks a poor, feeble-minded toad-like caricature of humanity may be restored to mental and bodily health."

One case of each type has lately come under our notice in the outpatient department of the General Hospital.

A woman, Mrs M., aged 60, first came to the clinic in April, 1913, complaining of swelling of the legs, itchiness of the skin and pains in the arms and legs. It was learned that nine years previously she had been a patient in the hospital "with dropsy" and had since been well until the autumn of 1912, when she began to lose interest in things and found her legs swelling again gradually. Soon the skin became dry and itchy and the face swollen. . She also began to be very short of breath, gained weight rapidly and became dull and lethargic.

On examination she appeared to be a very large, heavily-built woman . The face was broad, dull and expressionless. The skin was dry but of a fairly good color, and though looking oedematous, it did not pit on pressure as is usual in dropsy. The hair was dry and the voice small and squeaky. The pulse was slow, her weight 181 lbs. and the urine showed no evidence of Bright's Disease.

She was put on thyroid extract and in two weeks there was a most striking change. Her weight had fallen to 162 lbs. She had lost the dull look, and intellectually showed a great change, taking an interest in her condition and smiling when spoken to. The skin also was improved and the itchiness had greatly lessened. Since that date the patient has attended regularly and by keeping her on a reduced dose—indeed, a very small one—her improved state has been more than maintained and the family have shown their confidence in the change by allowing her to attend alone for the past six weeks.

In October, 1913 a woman brought her son, aged 12, to the outpatient clinic on account of his generally backward condition. He was admitted to the children's ward of the hospital, where he is at the present time. He is one of thirteen children, of whom eight are alive: none of the others show any abnormality according to the mother.

The patient, H. D., was a normal infant, to all appearances, till the third year, when he seemed to stop growing and has not since progressed very much. On examination he appears to be a well-nourished boy

with the physique and intelligence of a child of four. His weight (on admission) was 33 lbs. and his height is 37½ inches. His hair is dry, straight and scanty; his skin is dry, while his features are coarse with thick everted lips; no thyroid gland is palpable in the neck; the limbs are short, particularly the humerus and femur, and are markedly bowed. His hands and feet are broad, thick and stubby, and his abdomen is full and pendulus.

Since admission to the children's ward he has been on thyroid gland treatment with considerable improvement. His mental condition is much improved and his speech, which was before very thick and indistinct, is now quite intelligible and intelligent. His weight has increased two pounds and he is much more active, running about the ward all day long.

The treatment of Graves' Disease is not yet satisfactory. What is needed is a lessened amount of the thyroid secretion in the blood stream and so the removal of the gland—or part of it—is often followed by complete recovery. But this requires a very severe and dangerous operation, to stand which these patients are usually in a very poor condition, and if they survive the operation sometimes the removal is followed by the onset of myxoedema, necessitating treatment for years, if not throughout life, with the thyroid extract.

We may, however, hope that before long a brighter prospect may be held out to the victims of this disease for the use of suprarenal extract has in some instances given very striking results, more especially at the hands of some English physicians.

The extract of the suprarenals has been carefully obtained and analyzed and its chemical formula is well known; its use in medicine is the result of its experimental use in animals. We have learned that if given in small doses it causes marked rise in blood pressure and acts as a circulatory stimulant, but if given in excessive doses causes bleeding from the mouth, altered respirations, convulsions and death from paralysis.

Consequently adrenalin is used clinically to raise blood pressure in some cases of thyroidism as already mentioned, to constrict the blood vessels locally, and is also considered useful in certain cases of asthma, whooping cough, heart failure and skin diseases.

But probably the most striking results are as a consequence of the most recently investigated of these ductless glands—the pituitary body—early in the investigations it was noted that this extract had an effect on the muscle tissue of the uterus, stimulating it to contract. Blair Bell, in 1909, was the first to apply in practice the results of the experimental investigations carried out up to that time. He used the extract with good results in cases of post-partum haemorrhage and placenta praevia

and to minimize haemorrhage in caesarian section. Since that date records of its use have multiplied rapidly and mostly have been satisfactory.

When administered to a woman in labor the extract quickly causes an increase in the strength of the uterine contractions, while the duration of contraction becomes prolonged and the intervals between pains shortened. When administered during the first and second stages of labor results are practically constant and are most apparent if the pains have been previously feeble or far apart. As regards its action in the early months of pregnancy in the induction of labor there is some difference of opinion but most authorities consider that it has no action at that time.

It is usually administered intra muscularly and the ordinary dose is about 1 cc or 15 minims. Ordinarily within ten minutes after a single dose a marked effect on the uterine contractions is seen and the maximum effect is obtained in from one half to one and a half hours. Thereafter the effects gradually wear off, but a second dose again stimulates powerful contractions. It is an especially useful drug in the following obstetrical conditions.

(1) To accelerate labor when already in progress.

This is the use it is most commonly put to now, and it has become almost an essential part of the obstetrical outfit. It is most certain in its action well on in the second stage of labor, and its use has almost abolished the necessity for the application of the low forceps. Personally in the last 45 cases I have found it necessary to use forceps only twice, while 16 times pituitrin has been used, 14 times with complete satisfaction and on the other occasions its poor effects are easily explained.

(2) To check post partum haemorrhage it is a very useful drug and if less satisfactory than some of the ergot preparations it seems to sensitize the uterine muscle to ergot and so may be used in conjunction with ergot with great advantage.

(3) In the treatment of placenta previa it has often been used with success and administered during the performance of caesarian section, it is found to cause firm contraction of the uterus and to reduce the amount of haemorrhage.

(4) It is also said to increase the flow of milk in cases where there appears to be a deficiency or a threatening cessation.

(5) It has been noted to act on the bowels and bladder and in post-operative distention or retention of urine a dose of pituitrin often sets up peristalsis and stimulates the bladder so that enemata can be dispensed with and catheterization avoided.

Unfortunately these very desirable results are not always obtained

and a few bad effects are on record. Occasionally, especially in elderly primiparae, the drug appears to have no effect at all; it is to this that I attribute one of the failures in my own experience. In an occasional case it may produce general symptoms: cardiac distress, vertigo, tachycardia and respiratory difficulty. Sometimes it results in a very powerful, very prolonged contraction of the uterus with a resultant marked slowing of the foetal heart, but very seldom is the child in any real danger. Another danger if too strong a contraction is rupture of the uterus, but as this has only once been recorded in many thousands of cases, it is rather a theoretical than practical objection.

This brief survey of some of the results of the recent investigations of the ductless glands and their secretions may serve to indicate how important are their functions. As yet we are only able to recognize with certainty the maladies which are due to well marked changes in the structure and functions of these organs. It is probable that some less definite forms of ill-health may also be due to variations in the activity of one or more glands, the significance of which we shall be better able to appreciate when our knowledge of their functions becomes more exact.

What, however, we must strive for first is to find some satisfactory means by which we can supplement deficient secretion on the one hand and control harmful overactivity on the other; it is not unreasonable to hope that before long it may be possible to adequately supplement suprarenal insufficiency and so relieve the symptoms of Addison's Disease as well as check the abnormal flow of secretion in Graves' Disease and Acromegaly.

Clinical medicine has already gained enormously from results obtained by experimental pathology, and we may look to the future with confidence for still further advances which will continue to place more simple and efficient methods of treatment within our reach.

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MEDICAL INSPECTION IN RURAL SCHOOLS.

One of the most enlightening papers read at the annual meeting of the Women's Institutes of Ontario, held at Toronto in November, 1913, was that by Mrs. Wilson of Parkhill.

Mrs. Wilson has given much attention to the subject of Medical Inspection in rural schools, and her report on experiences in North Middlesex should awaken attention all over the country.

The following excerpts from her address will prove interesting, while they furnish emphatic proof that Medical Inspection should be no longer neglected.

"As convener of the Committee for Medical School Inspection in North Middlesex, it has fallen to my lot to report what has been accomplished in that district during the last two years. It is not my intention to go into all the details of the work, but simply to point out the outstanding facts which have led to the success of the movement. The question of medical school inspection was introduced by the President of the district during her annual district visiting in the spring of 1912. In June of the same year Dr. Helen MacMurchy of Toronto came to address the District Convention at Ailsa Craig on this subject, with the result that the women were so forcibly impressed with the immediate necessity of school inspection that a resolution was passed in its favor, and the District Executive instructed to communicate with the Departmnet of Education and the Provincial Board of Health as to the best and quickest means by which this work might be carried on. Dr. Struthers, Chief Medical Inspector of Schools, Toronto, addressed a representative meeting of the district at Park Hill. The interest and enthusiasm aroused by this illustrated address, and the immediate appointment of a local committee, consisting of members of the Council, Board of Education, the Local Health Officer and the Women's Institute, promised well for the future success of the work. The physicians and dentists of the town offered their services free if an experienced school nurse could be provided to assist them, as Dr. Struthers explained that the nurse was a most important factor in the inspection, acting as a link between the home and the school. It is the nurse who keeps track of the children needing special attention by reporting each personally to the parents. It is her duty to see that the child is attended to, and the follow-up work by the nurse into the homes is the most important part of the whole system, as we have learned to be true.

The Women's Institutes of Park Hill, Ailsa Craig and Sylvan provided the funds for the nurse, and we were indeed fortunate, through the kindness of Dr. Struthers, in securing an experienced school nurse for ten days. Thus the first medical inspection of rural schools in Ontario was made last spring, and the result of the investigation of the doctors and nurse shows that it is needless to argue that the rural schools do not need inspection as much as the city schools.

A country, a village and a town school were thoroughly inspected, and this is the report :—

Pupils examined in country school, 20; defective, 18.

Out of twenty pupils examined in the country school it was found that eighteen were defective, the nurse making visits to fifteen different homes.

Village school—75 pupils examined, 53 found defective; 34 visits made to homes.

Town school—(1) Public school, 138 pupils examined, 58 defective, (2) Separate school, 45 pupils examined, 25 defective. (3) High school, 77 pupils examined, 38 defective.

Total visits made in town to the homes, 85.

Defects for the most part consisted in enlarged tonsils, adenoids, bad teeth and defective vision, to say nothing of odd cases of defective hearing and other minor defects. In the face of the direct evidence obtained—that over 50 per cent. of the children needed medical attendance—it was no wonder that our Board of Education voted to make the medical inspection a semi-annual affair and promised to aid the work financially.

This report was given at the annual convention in Ailsa Craig last June (just one year after Dr. MacMurchy's address), and a district committee was appointed to carry on this splendid work in that part of the riding, in touch with the different branches of the Women's Institutes, a district fund being guaranteed by the different institutes to secure the nurse, with the understanding that each institute might have their different schools connected with the institute inspector.

From the first inspection it was plainly evident that it would be impossible to carry on this work with the aid of the local physicians alone, for not only were we faced with their inability to spare the proper time, but also that their work would be rendered ineffective owing to the local jealousies which are apt to be rife in most small towns. Therefore our only alternative was to apply to the Government for aid. We asked for the services of our District Health Director, Dr. D. B. Bentley, for ten days to go and inspect the various schools with the nurse, and the Government was good enough to grant him permission to take up this work. Thus we entered upon our second era of medical school inspection, the Government, the Boards of Education and the Women's Institutes co-operating.

The inspection is still in progress in the southern part of the riding. However, I have with me the reports embodying the results obtained from the inspection of fifteen country schools and the town schools of Lucan, Ailsa Craig and Park Hill :—

Country schools—274 children examined, 186 found defective.

Town schools (Ailsa Craig, Lucan, Park Hill)—488 children examined, 254 found defective.

The inspection over such a large area, including both town and country, plainly shows that over 50 per cent. of our school children need medical attention of some kind, and when the complete reports are in it will more forcibly emphasize the results we have already obtained.

The medical inspection of schools is made effective and practical through the services of the school nurse. As an evidence of this it was found in the subsequent visit of the nurse to the home that nearly 60 per cent. of the children found defective during the first medical inspection had received the required attention.

You will understand that among such a large number of pupils there were some who were financially unable to have their children attended to, and in order to help these we had what might be called a school clinic in Park Hill, the funds for which were obtained by the willing contributions of the citizens of the town, the Board of Education, the balance being made up by the moneys paid by the parents of the children who were able to pay. We had a specialist from London, assisted by the local doctors, who gave their services free, the school nurse, and another nurse from a neighboring town, who willingly gave her assistance. Nine of the extreme cases in the town and country were operated upon, the two worst cases being from the country. It would be impossible to go into details as to the work involved in fitting up part of a house, kindly loaned to us for the occasion, but sufficient to say that by hard work on the part of our institute women, and help from the citizens, we had a miniature hospital.

Again we had evidence of the value of the school nurse, who looked after the subsequent treatment of the children, following them into their homes and telling the parents what to do. I might say the children are all back at school again, sound and well, to the great delight of their parents and also of those who suggested and helped in the clinic.

The lesson taught by this report from North Middlesex shows that what has been accomplished there could be gradually extended to the rest of the Province. We already have the machinery at our disposal, consisting of the Provincial Board of Health, with seven directors for Ontario, who have been given power by the Government to include medical and dental inspection with their powers. It now rests with the Women's Institutes throughout the length and breadth of this Province to agitate for the immediate establishment of rural medical schools inspection, and I have much pleasure in moving this resolution.

A resolution was then passed requesting the Department of Education to provide for medical and dental inspection of school children."

MEDICAL INSPECTION IN COUNTRY AND RURAL SCHOOLS.

During the past few months several of the members of the Women's Institute of the North Middlesex County, Ontario, have become very much interested in the work of the Medical Inspection of Schools.

After a very interesting and successfull lecture on this work by Dr.

W. E. Struthers, Toronto, the members of the Women's Institute became greatly interested, and met the Board of Education of this town, asking that Medical Inspection be made in the town schools of that district, and the system and work be established, that the necessity for caring for the children demanded it just as much as in the city schools.

After a short time this matter, not being promptly accepted by the Board, and with the consent of the Board of Education, the Women's Institute undertook to have the inspection made in three of the county schools (including the one Roman Catholic), and two rural schools in the one district.

The ladies of the town who are progressive members of the Institute each canvassed and visited the homes to tell the parents they would have Medical Inspection in the schools within two weeks, and if they wanted to contribute toward part of the expense of same they were privileged to do so. Many in the poorer homes readily contributed their small portion of 5c. or more. The general contribution paid for the nurses' salary and expenses and a large amount for glasses to be provided for the poorer children.

The Medical Inspection was made by the three doctors in the town, each very much interested in the work and giving their time for several mornings while the inspection was being made in the schools. They were assisted by one of the school nurses from Toronto. Rural work to the school nurse was somewhat difficult, after the work in the city where the system is so well organized.

With little opposition for the first time, and a great deal of help from those interested in the new work, the nurse had some encouragement.

Upon very short notice, wooden tongue depressors were made at the lumber mill, printed notification cards were ready to use to start the inspection. These were filled out at the schools and signed by the principal and doctors after a careful examination of each defective child, a record made on each class card and the parents notified of the defects of their child. These homes were visited during the week of the inspection by the visiting school nurse, and the notification cards given to the parents.

During many of the home visits the nurse was received very kindly, thanked for her visit and was assured the child would receive immediate attention.

The Medical Inspection showed many conditions as in our city schools. In the three country schools the average was 50% defective, in the two rural schools 65 and 75%. Among this number was a high percentage with defective vision, enlarged tonsils and several extreme cases of adenoids with marked symptoms (mouth breathers). In spite of

pure country air and better housing conditions the percentage is quite high. This report to the Board of Education of these towns was somewhat of a surprise as they thought these conditions would not be found among the country children.

If the Board does not see fit to continue this work that has been started, the Women's Instiute will have a second inspection made after the summer holidays.

They are working towards placing a permanent school nurse for several of their districts, so that the follow up work may be continued, and the children receive routine instruction and inspection in the school room.

June, 1913.

Sara Brick,
School Nurse, Toronto.

THE INFECTIOUS DISEASES OF 8,903 CHILDREN*

By Dr. H. W. Hill
Director of the Institute of Public Health, London, Ontario.

The method of collecting the data here presented is believed to be comparatively new in its application; and it is believed that it has never been applied so widely before.

The method originated from the observation made in field epidemiological work that the mother of the household was usually well posted on what had happened in her family, and was usually the only one who could give or calculate, the dates of these happenings. Hence it was recognized that the mothers of the race hold, in the mass, the minute personal history of the individuals of the race in greater detail and in better chronological order than any other class; moreover that this is especially true of the diseases their children have suffered.

During an investigation of poliomyelitis extending over several years in Minnesota, the histories of the patients were so collected as to show the infectious diseases each had had. This has been done from time immemorial perhaps; but the figures obtained were tabulated and indicated infection so widespread amongst the children as to be appalling. True we all knew and had laughed over the apparent inevitableness of measles, whooping cough, scarlet fever, etc., amongst children, and we all knew in a general way that sooner or later the whole population suffers from some one or more of these infections.

But these studies, inaugurated in Minnesota as a side issue of the poliomyelitis investigation, gave such definite and irrefragible figures as to make it appear worth while to determine the same facts in the same way in Canada: i.e., through the mothers.

The usual medically-collected statistics on the cases of infectious

*Address to the Canadian Public Health Congress in Regina, Sask., September, 1913.

diseases are vitiated by two well known absolutely established facts—first, physicians do not report all the cases they see: second and far more important, although its importance does not seem to have really been taken in as yet, physicians do not see a very large proportion of the total cases, and therefore, even if the health officer's ideal of every physician reporting every case he sees were realized, our medically-collected statistics would be still very far short of the truth—at least 50 per cent., probably 75 per cent. in error.

Calculating cases from deaths is a good method, provided we know the deaths and the factor to be applied to them. Since we do not know the factor to be applied to them as a rule, it is absolutely worthless We can only find the factor to be applied by dividing the cases by the deaths. We must know the cases in order to divide them—and if we know them there is no object in calculating them.

One of the by-products of this investigation is a complete demonstration that most of our fatality rates—i.e., deaths to cases—are wrong and far too high.

Objections to the method usually take the following forms:

1st. That the mothers do not know the information asked; i.e., what infections, and when, their children have suffered. A very little enquiry amongst any sort of mothers will dispose of this objection at once.

2nd. That the mothers would refuse the information asked. Table No. 1 indicates that the mothers in London, connected with the 23 schools concerned, responded for 74 per cent. of the school enrolment, in over one-half the schools, the returns were 80 p.c. or over of the enrolment; and in only 3 schools did the returns fall below 70 p.c. of the enrolment; while in addition returns were made on nearly half as many more children, over and under school age.

3rd. That the mothers would give frivolous or stupid answers. These returns showed frivolous or stupid answers in about 5 p.c. of the total; in 95 p.c. they were quite evidently straightforward, direct replies, consistent with themselves and with each other.

4th. That with the best will in the world, the mothers' diagnoses would be fallacious. It is quite true that the average mother cannot recognize the infectious diseases with the swiftness and certainty of a trained expert, especially in the early stages of the attack. But this was not the task set the mothers. They were asked to record what their children had, after the attacks had run their full course, generally years after; when opportunity for reflection and comparison with the neighbors' children, had been afforded; and long after the diagnosis had been thrashed out and settled. Remember also that the cases the physician does not see are often recognized by the laity, through comparisons with the cases he does see, as well as by consultation with the more experienced older mothers. Finally, these errors tend to

correct themselves, for in large series of cases the diseases likely to be mistaken for each other are likely to be mistaken 50 p.c. one way, 50 p.c. the other.

Table No. 1

This shows a total of 8,903 children returned, 1,778 under, 5,788 at, and 1,337 over school age (6-14). Of those over school age, 387 were attending the Collegiate Institute, and were of school age so far as the Collegiate Institute was concerned.

These returns represented 23 different schools. Owing to an unfortunate mixing of the cards of two small schools (St. Mary's and St. Martin's), there are only 22 groups, each corresponding with one school, except one, which represents the two "mixed" schools.

These groups are presented in the first three tables to bring out the variations amongst them, as well as to point out the great uniformity also.

The total 8,903 children were practically exactly divided in sex, almost exactly half (4,451) being males, almost exactly half (4,452) being females.

To get a clear view of the children under consideration it is necessary to picture to oneself the 22 groups, each of approximately the same number of each sex; the ages of each group ranging from infants in arms to 21 years or in a few cases 24.

Table No. 2

This table gives the total attacks of each of eight infectious diseases suffered by this particular set of children, tabulated to show the attacks by sex.

The eight diseases tabulated were chickenpox, diphtheria, German measles, mumps, pneumonia, scarlet fever and whooping cough.

It will be noted closely the attacks per child agree in the 21 groups, exclusive of the Collegiate Institute. In the Collegiate Institute the attack rate ((irrespective of sex) is 3.43 as against the similar attack rate for the remaining children of 2.28; or about 50 p.c. higher. This depends, as will be conclusively shown later, on the greater average age of the Collegiate Institute children.

Perhaps the most striking point brought out is the higher attack rates shown for females, reaching an average for the total of about 7 per cent.

To which disease if any is the discrepancy attributable.

The Collegiate Institute, as one group of older children, and St. Mary's and St. Martin's, Wortley Road and Rectory as a second group showing all ages, chiefly 8-14, are given below in sex and disease (Table No. 4). It will be seen that so far as these figures go, no very notice-

able emphasis is laid on any one disease, the tendency being for the females to run higher in all. The discrepancy is less marked in the Collegiate Institute however.

Table No. 3

In this table, the total attacks are separated into their component parts. Here again the striking point is the extreme uniformity of the 21 public school groups; and the higher figures of the Collegiate Institute.

It is also worth noting that over one-half of the total attacks of these eight diseases are due to measles and whooping cough; chicken pox and mumps, each contribute about 1-7; scarlet fever 1-14; and the other three about 1-10.

Table No. 5

The extremely widespread distribution, practical universality of these infections is shown by a list of the sick and well at each age for St. Mary's and St. Martin's, Wortley Road, Rectory and Collegiate Institute. It will be seen that after the age of eight there are almost no children reported as free of one or other of the eight infections. There are many other items of valuable information yet to be worked out from these figures as time may permit, but the immediately practical point now available is the demonstration of the enormous numbers of these infections actually occurring day after day, year after year, in excess of any official figures collected or published. This excess may be estimated from the tables already given; but more accurately by calculations from the actual returns showing what the returns would be had we them all. Since not far from one-half of the total children are here recorded, the factors applied are not so large as to be unusually fallacious.—"Tte Standard."

A CASE OF COLITIS.

In a city hospital, a girl, thirteen years of age, suffering from appendicitis, was successfully operated upon. Fowler's position was maintained for three days, and at the end of a week the temperature was normal and the patient progressing favorably.

At the end of two days more she developed a high temperature, nausea, great thirst, and frequent defecation. The attending physician and surgeon diagnosed the case, Colitis. The patient became worse until even water caused nausea and vomiting. For a week the temperature remained between 104 deg. and 105 deg., pudse 120-130.

High rectal salines as cold as could be borne were given t.i.d. Tincture Opii M V was given per rectum as necessary. A teaspoonful of

water every two hours was given by mouth for two or three days, then gradually increased as the patient improved. At the end of three weeks the patient was on moderate diet.

Next back-set—a faecal abscess—developed, which the doctors hoped would heal naturally. At the end of four days, however, the patient looked so anaemic and became so nervous, a second operation was performed, from which the patient rapidly recovered.

One morning at the end of six weeks, the patient had a severe chill, the temperature rising to 105 deg. F., and for another week there was a slight return of Colitis. Gradually all bad symptoms disappeared and at the end of seven weeks the patient returned home and was soon well and strong. A. C.

THE SCHOOL NURSE

The Washington Irving High School in New York City has put into practice a theory long cherished by many communities—making the school house a community centre.

In this case an art gallery has been included in which are shown works of rising young artists, also fine loan exhibits. There is also a lecture room seating one thousand, in which are held Lectures, Concerts, Moving Picture Shows, and an occasional dance under careful chaperonage. There is an employment bureau for pupils graduating and ready for positions. This school has an attendance of nearly seven thousand pupils and a staff of almost three hundred.—*The Outlook.*

Miss E. M. Paul, Superintendent of School Nurses, Toronto, was presented with a gold bracelet at Xmas, as a greeting from her staff.

The Canadian Public School Nurses' Association departed from its routine and held its monthly meeting in the form of a theatre party on the evening of January 5th. Shea's vaudeville was visited and a merry, enjoyable evening spent.

With the passing of Mr. J. E. Starr, Commissioner of Toronto's Juvenile Court, there has gone a personality whose loss will be keenly felt by the members of the Public School Nursing staff. Those of us who were fortunate enough to have met him in his capacity as Commissioner will not forget his attitude of sympathetic co-operation with our aims, in his treatment of such cases as we referred to him. Surely never was the force of law presented to people in such a sane, appealing manner as that in which he impressed on parents their responsibility for the physical well being of their children.

To those who had not needed his professional backing, there was

always the consciousness that he was there, ready to help, if the need arose, and this certainly was a continuous comfort and source of encouragement.

The annual report of the School Nurses of Regina, Sask., shows: Total number of inspections, 4,185; total visits to homes, 968; number of pupils put under dentist's care, 155; number of operations for tonsils and adenoids, 48; number of pupils fitted with glasses, 36; number of dressings, 853.

"Poisons of the kind formed in mouths that have not been kept as free from bacteria as possible, especially where there are numerous decayed teeth and discolored stumps, are particularly dangerous to delicate nervous systems. Such toxins may by themselves be quite strong enough to so affect the nerve tissues that the slow poisoning to which the latter are thus subject ultimately brings about a neurasthenic condition."—*The Nursing of Nervous Patients.*

"The Necessity for the Routine Examination of the Nose and Throat" is the subject of an able paper by Dr. Jane Sproule, Toronto, in the *Canadian Journal of Medicine and Surgery* for January. We will refer only to the last case cited.

"Again, I have made no reference to nose and throat conditions in children. It seemed to me when I began this paper that so much had already been said upon the subject of tonsils and adenoids in children that no physician, in the Province of Ontario at least, could be inattentive or negligent in this matter. But just a few days ago a mother brought to me her little boy of three and one-half years, not of school age, you will notice, and therefore still under the supervision of the family physician. The mother said, "The doctor told me not to have anything done, not until spring anyway, but a friend told me it should be done right away.' The boy was a pathetic little figure with pale face and mouth hanging open, not sick, the mother said, but getting thinner all the time, and at night she had frequently to waken him for fear he would smother or choke. I found huge tonsils meeting in the middle line and a mass of adenoid tissue as large as one tonsil. We can all very readily judge what the ultimate result would have been had this child been exposed to one of the infectious fevers.

"I am convinced that the supervision of our school children and the resultant removal of adenoids and diseased and hypertrophied tonsils will show up in the reports of our Public Health Department in a greatly reduced mortality rate among children of school age, and the physician should stand in the same relation to the children under school age as does this public service to the school child."

TOOTH BRUSH DRILL. FOREST SCHOOL, TORONTO

SPECIAL INSTRUCTION IN USE OF TOOTH BRUSH, FOREST SCHOOL, TORONTO

"CHILD WELFARE"

By Miss Harriet Leet
Superintendent of the Babies Dispensary and Hospital, Cleveland, O.

The eighth annual report of the Michigan State Nurses' Association contains the following paper which will be interesting to all nurses, especially those engaged in public health nursing:

"Whatever may be our political convictions relative to conservation and progressiveness, in connection with child welfare, we certainly all believe in both conservation and progressiveness.

"Five years ago when the Babies' Dispensary of Cleveland was started, we talked much about our prophylactic work, as then it was a new thought in Dispensary work. To-day no one argues about the need of preventive work, we simply discuss best methods of procedure.

"It was of great interest to me to read Florence Nightingale's notes upon health nursing, in which she forcefully expresses thought which we of late years have been considering quite new.

"She says 'Sympathy with interest in the poor so as to help them can only be got by long and close intercourse with each in her own house—not patronizing—"talking down" to them—not "prying about." Sympathy which will grow in sight and love with every visit, which will enable you to show the cottage mother on the spot how to give air to the bedroom, etc.

" 'The very elements of what constitutes good nursing are as little understood for the well as for the sick. The same laws of health, or of nursing, for they are in reality the same, obtain among the well as among the sick. The breaking of them produces only a less violent consequence among the former than among the latter—and this sometimes, not always.' And to me the 'baby work' among the poor holds the greatest opportunities for constructive, helpful nursing of any branch of the great nursing world.

"Again, Miss Nightingale speaks of the high rate of infant mortality in England, and then says, 'Is all of this premature suffering and death necessary? Or did Nature intend mothers to be always accompanied by doctors? Or is it better to learn the pianoforte than to learn the laws which subserve the preservation of offspring?'

"As sick babies in a hospital require many more nurses than the same given number of adults, so in Babies' Dispensary work a larger staff of nurses is needed. On entering the home the nurse has at least a two-fold mission: that of noticing everything about the baby, and that of instructing the mother. Because the work in its big, broad sense is so new, and if taken up conscientiously means a new point of view

and presents problems which have not been placed before nurses in their hospital training, it necessitates supervisors who have been in the baby work a sufficient length of time to grasp its full significance. As all work must be centralized, a Superintendent of Nurses is required, and because this prophylactic work does not come in a nurse's training in a hospital, a larger number of supervisors are needed. Perhaps for every group of twenty nurses there should be two supervisors, aside from special departments.

"A Supervisor of Districts who can go into the homes with the new nurses and aid them in home district instruction, in nursing, wet nursing, feeding, modifications and preparation of foods, cleanliness, bathing, ventilation, sleeping and general hygiene, prenatal instructions to the mother, assisting the mother in planning her work, sympathetic advice to the mother and aid when she is abused, neglected or deserted, and instructing her when she is ignorant and incapable. The supervisor helps nurses to observe and report unsanitary and bad housing conditions. With older nurses, the fact that some other nurse who has had experience is going with them, acts as an inspiration and keeps them from getting in a mechanical routine. I do not speak of a mechanical routine in a critical way at all, I simply mean that each and every one of us need an inspiration from someone not making the same daily rounds which we are.

"It is not so much the care of sick cases as it is the learning of the art of observation, of just plain seeing things, the ability to quickly and tactfully learn all about the baby and family so that a clear, concise report is in the Dispensary for the physician, and most of all, on each visit of the nurse the home is left in better condition. District training and teaching means making sufficient impression upon someone (personally, I believe our whole hope is in the young boys and girls), to make them wish to take better care of the baby and to improve the home.

"A supervisor is necessary for the Dispensary. Were this not insisted upon each branch dispensary would have a little method all its own, and the strength which comes from unity would be lost.

"This supervisor can, by her knowledge of conditions, quickly adjust emergencies. The keeping of records, either milk or dispensary, must be uniform and needs supervision. Aside from this uniform method, each nurse displays her own personality in her instructions to the mother. Each clinic day she has a mothers' class in her dispensary, and while waiting for the physician's examinations she has an opportunity of giving illustrative talks. These talks, illustrated by the babies who are there, are most forceful; they are so informal and the mothers ask questions concerning matters which are problems to them.

(To be continued next issue.)

Editorial

THE RURAL SCHOOLS.

It has been amply and clearly demonstrated in the schools of many of the towns and cities of Canada that Medical Inspection of school children is a good thing, in fact, is necessary to give the child his fullest opportunity to become a capable and successful citizen.

It is obvious that what is a help, even a necessity, for the children of our towns and cities cannot but be equally beneficial to the children of our rural schools. That they should any longer be overlooked would be a blot on the fair name of our educationists.

That Medical Inspection of the children of rural schools is being seriously considered and to some extent promoted, is evidenced by the report in "The Globe" of December 4, 1913, wherein we learn that Dr. Annie Backus, of Aylmer, Ont., is spending her holiday time in bringing this matter to the attention of the Women's Institutes in the hope that they will help furher the good work.

"In those rural districts that I have visited, sixty per cent. of the children are physically defective," says Dr. Backus. And as it is unlikely that these districts are exceptional, there is need of definite effort without delay.

Boards of Trustees fail to recognize their full debt to the children under their care if they fail to make the child physically fit to receive the education they offer him.

To offer an education to children physically unfit to take it is like offering stones for bread. Every child leaving school poorly developed mentally and physically unfit is a blot on the intelligence of the trustees responsible for that condition.

In our opinion the most important work of child welfare is the conservation of the health of our boys and girls. No community can be really and permanently strong that neglects so important a duty.

The reports which appear in this issue show what has been done by some energetic members of the Women's Institute, and may suggest to others how this very important work may be inaugurated.

May we soon hear that the children of the rural schools of Canada are getting their full chance to grow up into strong, worthy and capable citizens.

SAN FRANCISCO, 1915.

Nurses who are planning to attend the International Congress of Nurses at San Francisco in 1915 will be interested in the following from "The British Journal of Nursing."

"Miss Genevieve Cooke, President American Nurses' Association, writes from San Francisco, that a great hotel, "The Inside Inn," containing 1,800 rooms and equipped with every modern luxury and convenience, will be erected within the Exposition grounds.

The rates to be charged by this hotel will be from $1 to $3 per day. It will be built and managed by private parties as a concession, but the Exposition directors, by the terms of the concession, will have a voice in the fixing of the rates to be charged.

This hotel is San Francisco's guarantee—and the guarantee of the Panama-Pacific directors—that the thousands of guests who will crowd into the city's Exposition will be accorded fair treatment in the matter of hotel accommodation and rates.

Already 186 conventions are booked to meet in San Francisco during the year 1915, and the officials having these conventions in charge are seeking reservations and demanding to know in advance the rates to be charged. The Exposition directors, after three months of negotiations with the hotel managers of San Francisco, have been unable to come to any agreement as to reservations and the rates to be charged by the hotels in the city.

Failing in their efforts to reach an agreement by which they could guarantee reasonable rates to visitors, the Exposition directors decided to take the drastic step already outlined by providing for the erection of a magnificent hotel, which will at least provide accommodation for the delegates to the 186 conventions already booked for the city during the Exposition year."

Una, the Journal of the Royal Victorian Trained Nurses' Association of Australia, is advocating a formal union of the two associations —The Royal Victorian Trained Nurses' Association and The Australasian Trained Nurses' Association—to form a National Association for Australia, which will seek affiliation with the International Council of Nurses at San Francisco in 1915.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 615 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.

District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

AN ENGLISH GUILD MEETING.

A member of the Montreal Branch sent the following :

Finding myself in St. Leonards-on-Sea the week of the monthly G. S.B. meeting, I arranged to be free that afternoon. The meeting was held in the beautiful Lady Chapel of Christ Church at three o'clock. There were about twenty people present—a number of them, nurses in uniform. The Guild Chaplain himself acted as organist and two choir boys sang with some assistance from the congregation. Immediately after the office the boys left. The intercessions and thanksgivings from the monthly slip were then said, with some collects. This seems to be the usual English custom, and I think it is one we would do well to copy.*

The address followed. This, as the chaplain said at the beginning was more of a meditation than an address; it was on the Blessed Sacrament and was very helpful. Afterwards came the admission of an associate and of a member, both being spoken to by their Christian names as "Do you, Mary, desire to become, etc.?" As we came out of church the secretary had her book open on a table near the door and each person present signed her own name. We had tea in one of the Parish rooms, there were a number of small tables arranged like a tea-room, which made it very cosy and informal. A Queen's nurse was most kind and attentive to me and I thoroughly enjoyed it.

*Note from Secy.—The Montreal Branch has followed this practice for several months.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

Conveners of Standing Committees: Legislation, Mrs. Paffard; Revision of Constitution and By-Laws, Miss Dyke; Press and Publication, Mrs. Struthers. Representative to The Canadian Nurse Editorial Board, Miss E. J. Jamieson.

The regular meeting of the Executive was held on December 29, 1913, with a fairly good attendance. Mrs. Tilley, First Vice-President, was in the chair.

Miss Crosby's letter, saying that she found it impossible to reconsider her resignation, was read, for which we are truly sorry.

A new Chapter has been organized at Cobalt under Miss Griffith, with eleven members.

It was decided to send to Mr. Dunbar, Secretary of the National Sanitarium Association, a copy of this resolution which was passed unanimously: "That this Association protests against the custom of placing women in nurse's costume in stores and other public places to sell their Christmas stamps. This reflects unjustly upon nurses, especially as the report has been received that some of these saleswomen are guilty of unladylike behaviour."

It was decided to hold the Annual Meeting in Toronto again this year. Our grateful thanks to the Peterboro' Chapter for their kind invitation. We hope to be able to go there at some future time.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss Phillips was absent in Toronto where she attended the Executive meeting of the Canadian Society of Superintendents of Training Schools for Nurses. Owing to the water famine in Montreal she could not leave the Hospital for longer than the one day, and so had to postpone her holiday.

Miss Fraser is out of town for a few days.

Doctor Symonds is to lecture on Dickens to the Association on Wednesday evening, January 21st.

Our lives are songs, God writes the words,
And we set them to music at pleasure.
The song may be glad or sweet or sad,
Just as we choose to fashion the measure.

—*Anon.*

The day returns and brings us the petty round of irritating concerns and duties. Help us to perform them with laughter and kind faces. Help us to play the man; let cheerfulness abound with industry. Give us to go blithely on our business all this day. Bring us to our resting beds weary and content, and undishonored, and grant us in the end the gift of sleep.—*Robert Louis Stevenson.*

Miss Eastwood, District Superintendent of the Toronto branch of the Victorian Order of Nurses, who has been connected with the Order from its inception, has resigned and will take a rest for a year at least. We have heard very many warm words of appreciation of Miss Eastwood's long, faithful and loyal service to the Order, of her cheery disposition and of her kindly but firm and just handling of her nurses. A letter of appreciation, accompanied by a cheque, was sent to Miss Eastwood from the Central Board, and an address and handsome gold watch were presented to her by her Local Board.

Miss Touche has been appointed to succeed Miss Eastwood, and enters on her duties January Fifteenth.

Miss Elizabeth Hall, District Superintendent at Vancouver, has recieved the appointment to the new office of Sub-inspector, whose duties will be to assist the Chief Superintendent in the inspection of the branches of the Order throughout Canada.

Miss Murison is Head Nurse of the Halifax district, and Miss Gleaves is in charge at Dartmouth, N. S.

Miss Jean Scott is on the staff of the Queen Victoria Hospital at Yorkton, Sask.

Miss Lowes has been appointed to succeed Miss FitzGerald as Superintendent of the Lady Minto Hospital at New Liskeard, Ontario. Miss Dewar is the Assistant.

Miss Fraser is the Assistant to the Superintendent of the Victorian Hospital at Kaslo, B. C.

Miss Agnes Russell left December twenty-eighth for Quesnel, B. C., to take charge of the hospital there.

A post-graduate course in district nursing—four months is given at one of the training centres of the Order—Ottawa, Montreal, Toronto, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superindents at 206 Spadina Avenue, Toronto; 46 Bishop Street, Montreal; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES.

The Ottawa Graduate Nurses' Association held their annual At Home and Dolls' Fair on the afternoon and evening of Wednesday, December 3rd, 1913, at the Club House, 114 Carling avenue.

The following ladies kindly acted as patronesses: Mrs. A. W. Fleck, Mrs. J. F. Kidd, Mrs. E. F. Fauquier, Mrs. J. L. Chabot, and Mrs. J. A. Machade, and much of the success of the Fair is due to the personal interest of these ladies.

The rooms were prettily decorated with flags, palms and flowers; the tables artistically arranged and presided over by members of the Association dressed in the uniform of the different schools.

The following were in charge of the different tables:

Dolls: Mrs. R. Law, assisted by Misses McElroy, Brankin, Powers, Donnelly and Miss McWilliams; Fancy-work: Mrs. C. T. Ballantyne and Miss Davidson; Home-made candy: Mrs. H. C. Church, Misses Haldane and Stevens. The grab-bag was a source of great amusement, being presided over by Miss Argue, who was assisted by a dainty little girl of seven dressed in nurse's uniform. The tea-table was, of course, the centre of attraction, everyone exchanging greetings over its tea-cups and daintily served viands. Here Mrs. L. E. Harris presided, Mrs. R. L. Gardiner poured tea and Mrs. F. Lambert coffe, the assistants were: Misses Stewart, Vance, McConnell and Piggott. Music was provided by a Victrola kindly loaned for the occasion.

The arrangements and decorations left nothing to be desired and the pronounced success, both financially and otherwise of the whole affair was largely due to the personal interest and untiring energy of the Registrar, Miss Snow of the Club-house, and the various convenors. The sum realized about double that of last year, and the Association feel much encouraged and exceedingly grateful to all who so generously contributed to the success of the afternoon.

Miss Emily Holmes-Orr, R.N., who has just recovered from an illness in September and October, left in December for Southern California by the advice of her physicians. Miss Orr is a graduate of the Free Mason's Hospital, Manitoba.

Much sympathy is felt for Miss A. L. Landes of Kamloops, B.C., graduate of the Royal Victoria Hospital, Montreal, '09, in the loss of her father.

The annual meeting of the Graduate Nurses' Association of Berlin and Waterloo, Ont., was held on December 8th, at the Hospital, Mrs. H. M. F. Bowman, Vice-President, in the chair.

In her opening remarks Mrs. Bowman referred very feelingly to

the late President, Mrs. Foster, whose time, energy and enthusiasm had been so freely given to the Association as President, from the time of its inception until her death; and whose last message to the Association had been an appeal to each member to have a more serious purpose in each undertaking, and a stronger sense of personal responsibility.

The annual reports were very gratifying.

The best work of the year has been the furnishing of the Nurses' Ward in the new wing of the Hospital.

Before proceeding with the election of officers a resolution was passed expressing the deep sorrow of the Association at the death of the beloved President, Mrs. Foster, and their keen appreciation of her untiring efforts in their behalf.

The officers elected for the coming year are :—

Honorary Presidents, Mrs. W. J. Zeigler, Stratford, Mrs. Malcolm Craig, Sherbrooke, Que.

President—Mrs. Bilger;

First Vice-President—Mrs. Bowman;

Second Vice-President—Mrs. Ed. Pieper;

Secretary—Miss Masters;

Assistant Secretary—Miss Potter;

Treasurer—Miss Pschellusch;

Assistant Treasurer—Miss Elliott;

Secretary Treasurer for the B.-W. Alumnae Association, Miss Gies, assisted by Miss Roos.

A pleasant little evening was spent at the Berlin and Waterloo Hospital Tuesday evening, December 9th, when the Young Women's Auxiliary of Waterloo met and at their invitation the Berlin Ladies' Auxiliary, for the formal opening of the newly furnished lecture room in the basement of the Nurses' Home. The room is fitted with a long table, and comfortable chairs furnished with a flat surface on the right arm for taking notes. Two blackboards adorn two walls. The furnishing was done by the Young Women's Auxiliary of Waterloo.

After a short business session the formal presentation of the room was made and Mrs. Bowman, on behalf of the institution, accepted it in a nicely worded address. The remainder of the evening was spent in a social way, and tasty refreshments were served.

Miss Laura Breakeof, Graduate of Berlin and Waterloo Hospital, Berlin, Ont., Class '13, has gone to Minneapolis City Hospital to take charge of one of the Medical Wings.

Collingwood: The pupil nurses at the General and Marine Hospital held a very successful baking sale and afternoon tea at the Graduate Nurses' Home on December 18th, 1913. The proceeds, amounting to

forty dollars, are to help furnish the gymnasium in connection with the new Nurses' Residence at the hospital.

Miss Carr spent her Xmas holiday at her home in St. Mary's.

Miss Burkholder went to her home in Toronto.

Miss Shaw spent her holiday with friends in Hamilton.

Miss Rainey and Miss McColloch were at their homes in Barrie.

Miss McDonald went to her home at Gibraltar.

On December 5th, the Nurses' Alumnae of the Kingston General Hospital had the privilege of catering for the Masons' banquet. Their former success evidently paved the way for one of the largest and most successful banquets held in the district for some time. Although the number was away beyond expectation, the abundance and variety furnished by the nurses met all demands. The sum of one hundred and fifty-three dollars was realized, after all expenses were paid, and both Masons and nurses are looking forward to a repetition next year. The success of the whole affair was due to the capable management of the President, Mrs. Nicol, and the Secretary-Treasurer, Mrs. Campbell.

The Nurses' Alumnae, K.G.H., held its regular monthly meeting Tuesday, January 6th, the President, Mrs. Nicol, in the chair. The attendance was fair, and a great deal of business was discussed. The rules of the registry were criticized, and it was decided to hold a special meeting shortly for the purpose of reorganization.

The Nurses of Toronto regret the resignation of Miss Eastwood, Superintendent of the Victorian Order of Nurses, Toronto Branch. Miss Eastwood has been a valued worker, who has always stood for high professional standards, and doing all in her power to promote the best interests of the profession.

Owing to bereavement, all functions arranged in her honor were cancelled, but expressions of appreciation were not forgotten. Her Board presented her with a beautiful gold bracelet watch and a purse of gold, and her staff, a pearl and amethyst necklace, while the Central Board at Ottawa sent a handsome cheque, accompanied by a letter of appreciation of her years of service.

Miss Eastwood, who will be accompanied by her sister, Mrs. John Caven, has planned to spend a year abroad.

The annual meeting of the Graduate Nurses' Association of Thunder Bay District was held in St. Joseph's Hospital, Port Arthur, in December. The retiring President, Mrs. B. M. Harvey, addressed the members, thanking them for their support during the year and congratulating them on the flourishing condition of the association.

New features inaugurated are the "nurses' taxi-cab service" and the "nurses' register" and the appointment of a school nurse from the

ranks of the members. She hoped they would soon have a permanent home established for the graduate nurses.

The election of officers resulted in the following appointments:

Presidents—Mrs. J. W. Cook;

Vice-Presidents—Miss Patterson of the R. M. and G. hospital and Miss Johnson of the McKellar Hospital.

Secretary-Treasurer—Miss Regan, St. Joseph's Hospital, Port Arthur

Executive Committee—Mrs. B. M. Harvey, Miss Stuart, Miss Sheratt, Miss Bradley, Miss Guery.

Miss Regan was appointed Representative to the Editorial Board of The Canadian Nurse. From henceforth an initiation fee of $1.00 will be charged and an annual fee of $1.00. This will take effect Jan. 1, 1914. Five new members have been added to the list: Mrs. Bishop, Miss Martin, Miss Forbes, Miss Boisvert and Miss Turner.

A new and correct list of graduate nurses will be made out and the telephone manager will be asked to communicate with the secretary of the Association before getting out a new directory. Nurses are requested to register when on and off duty.

Miss Agnes Lowes, a graduate of the Amasa Wood Hospital, St. Thomas, Ontario, has gone to New Liskeard to take charge of the Lady Minto Hospital.

Miss C. C. Fraser, graduate of St. Michael's Hospital, Toronto, who has charge of the operating room of the West End Hospital, Vancouver, B.C., has been visiting in Waubaushene and Toronto for the last couple of months.

Miss M. A. Stiles, R.N., a graduate of the Illinois Training School, Chicago, has accepted the position of housekeeper at the Toronto Hospital for Incurables.

London: The January meeting of Victoria Hospital Alumnae Association was held on the 6th inst. The speaker was Doctor Norman Beal, who gave a very interesting address on the "Benefits to Graduates of Alumnae Associations." In union there is strength. Co-operation accomplishes more than individual effort. In nature instinct teaches the birds to flock together, and the wild animals to band together for mutual protection. In like manner the graduate nurses working individually fail to get the highest benefits from their profession which would be secured by the co-operation afforded by alumnae and kindred associations. The benefits would not only be social and intellectual, but also financial. He urged the nurses to be true to their Alma Mater.

Miss Somerville and Miss Eliott have finished their hospital training, and are private nursing in the city.

Miss Dulmage, Superintendent of Sarnia General Hospital, was a visitor in the city during the holiday season.

Mr. and Mrs. Harry Magee are the proud possessors of a young son, Alexander Watson. Mrs. Magee (nee Pashley) was formerly Assistant Superintendent at Victoria Hospital.

The Bazaar held in November in aid of the Toronto Graduate Nurses' Club House funds realized about two hundred and fifty dollars. Though not as large as last year, the members were glad to see so large a number turn out.

Miss Bowman, of Portage La Prairie, Man., was a guest at the Club House on her way home to Dundas, Ont. Miss Bowman's wedding notice appears on another page.

Miss Kerr, of the Toronto General Hospital staff, stayed a few days at the Club before leaving for Edmonton, Alta., where she intends to remain for some time.

The Toronto General Hospital Alumnae Association gave their annual dance at the Club on January 9th. The graduating class were guests of the Alumnae, and as usual a most enjoyable evening was spent.

The first informal dance was given by the President and Directors of the Club to members and their friends on December 5th. The innovation was a huge success, and everyone is clamoring for another, which we hope soon to have.

Misses Hall and Westley have removed the South Vancouver Private Hospital from corner Main Street and 28th Avenue to 778 Broadway West.

Miss Hall and Miss Westley have only been in Vancouver a couple of years and have built up a splendid clientele. In their new home—"The Willows"—adjoining the General Hospital, they are certain of continued success.

Dr. Tran has opened a private hospital in Kamsack, Manitoba, in which 14 patients can be accommodated. This hospital fills a long-felt want, as patients often had to be taken long distances to a hospital and suffered much as a result.

Grace Hospital Alumnae Association, Toronto: The members extend their heartfelt sympathy to Mrs. Hawkins (nee Mima Jenkins) in Class '08, in her recent bereavement.

Mrs. Orde (nee Miss Sparks), Class 1898, who is ill in Grace Hospital, is improving.

Miss Segsworth entertained our members at her home, 131 Jameson Avenue, in December. Miss Gertrude Hill of "Homewood House" gave an address on her work.

The Nursing Profession, as well as the Medical Profession, sustains a great loss in the death of Dr. S .Weir Mitchell on January 5th, 1914. He was one of the world's famous neurologists, and has written extensively on his work.

He closed an address to a graduating class in an American Hospital with the following lines :

God's ways are dark, and in their gloom we walk,
Not ours to know why Life's grim spectres stalk,
We tread mysterious paths in touch with pain,
Birth, Death, Disease, strange phantoms of the Brain.
Yet through what change the fuller days may bring,
One ancient lesson will be ever new,
One priceless lesson will be ever true,
To give what none can measure, none can weigh,
Simply to go where duty points the way,
To face unquestioning the fevered breath,
The deepening shadows of the vale of Death,
To bear Christ's message in the battle's rage,
The Yellow Plague, the Leper's Island cage,
And with our noblest "Well to understand,"
The poor man's call as only God's command.
Aye, under every century's changing sky
Shall the Great Master's triple signal fly —
Faith, Honor, Duty—Duty calmly done,
That shouts no self praise over victory won,
One bugle note your only battle call,
One single watchward—Duty—that is all.

The seventh annual meeting of the Sarnia General Hospital Trust was held in the town hall on Tuesday, October 21, 1913, before a large number of the members of the Trust and citizens of Sarnia.

The graduation of nurses proceeded immediately after the close of the annual meeting.

Rev. Mr. Newsom, pastor of the Central Baptist Church, offered the Invocation.

The report of the Training School for the year ending September 30th, 1913, was read by Miss Dulmage.

The Graduating Class, 1913, are: Gladys Bawden, Janet Kennedy, Margaret Pollard, Edna Walper, Mabel Hoy, Grace O'Neill and Priecilla Hamilton.

The Florence Nightingale pledge was administered by the President, Dr. McLean.

Mayor Dr. Bell presented diplomas and addressed the graduates briefly, expressing pleasure at being called to perform that duty and

speaking words of praise for the graduates. He referred to the splendid work being done by the hospital and by the graduates who went forth well qualified to fulfil their chosen vocation.

Many handsome bouquets of flowers were presented the graduates, showing the high regard in which they are held.

Miss Margaret Mackenzie then presented each graduate with her medal.

Rev. John Morrison addressed the graduates in a forceful address; referred to the advance in the science of medicine and the attending advancement in the profession of nursing.

He drew attention to the fact that the graduation exercises were being held on the 59th anniversary of the sailing of Florence Nightingale and her associate nurses for the field of battle.

Mr. Kenny, chairman of the House Committee, then presented each graduate with a purse of gold.

The musical part of the programme was furnished by an orchestra, a quartette, Miss Lucy Pousette, Mrs. D. W. Rennie, Mr. A. D. Williams and Stanley Williams and a solo by Mrs. W. E. C. Workman.

Moved by Mr. Geddes, seconded by Mayor Dr. Bell, that the hearty thanks of the citizens of Sarnia be tendered to all connected with the Sarnia General Hospital for the grand work and interest taken in the management of the Hospital.

Rev. Mr. Paterson presented to the Trustees and staff the vote of thanks.

The singing of God Save the King, closed the ceremonies.

After the ceremonies were over light refreshments were served by the Ladies' Aid Society and a pleasant social hour was spent.

The evening following the graduation exercises, a very pleasant dinner was given to the "Sweet Girl Graduates" by the Graduate Nurses' Association of Sarnia.

By the kind permission of Miss Dulmage, Lady Superintendent of the General Hospital, the entertainment was given in the Nurses' residence, and the rooms looked very bright and attractive, with the tastefully laid tables, and flowers in profusion everywhere.

The feast was all that could be desired, the unceasing flow of conversation and merriment showing through enjoyment. The toasts were drunk in very good coffee, and responded to by brief speeches.

After leaving the tables, there was another treat in the shape of music, vocal and instrumental; several ladies of the town had been invited to take part, and two of the undergraduates also contributed to the programme.

A gathering such as this should draw the younger, and the more experienced nurses together, and do much to foster mutual esteem and cordiality. The G. N. A. did a very kindly deed in a very generous

style, and have reason to be gratified at the way everything passed off, and the hearty response to their efforts.

The graduating functions of 1913 will long be remembered.

The regular monthly meeting of the Toronto Central Registry Committee was held at the office, 295 Sherbourne street, Monday, January 5th, at 3 p.m. Miss C. Mitchell, Convener, occupied the chair. Nine members were present.

Total number of calls for December, 337, of these 220 were personal and 117 registry, two of which received assistance from the Central Registry extension fund.

Receipts for the month from fees and sale of charts	$117.16
Six months' interest on savings, etc	21.36
Disbursements.	
To Central Registry extension fund	$150.00
To printing and long distance telephone messages	6.35
To rental for use of two rooms	25.00
To Christmas cheer, equally divided among six different charities	30.00
Gratuity	32.00
To registrar and assistant	110.00
Stamps	.25
Total balance	$353.60

THE NURSES' LIBRARY

American Red Cross Text-book on Elementary Hygiene and Home Care of the Sick, by Jane A. Delano, R. N., Chairman of the National Committee, Red Cross Nursing Service; late Superintendent of the Nurse Corps, U.S.A.; of the Training School for Nurses, Bellevue Hospital, New York; and of the Training School for Nurses, Hospital of the University of Pennsylvania, Philadelphia; and Isabel McIsaac, R. N., member of the National Committee, Red Cross Nursing Service; Superintendent of the Nurse Corps, U.S.A.; Late Superintendent Illinois Training School for Nurses, Chicago; author of "Primary Nursing Technique," "Hygiene for Nurses," "Bacteriology for Nurses."

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Knowledge is necessary to a realization of this responsibility, as

well as to ensure its proper discharge. This text-book will be a boon to those who are trying to help young women to be capable home-makers.

The Thirteenth Annual Report of the Canadian Association for the Prevention of Tuberculosis, with transactions of the Annual Meeting, held at Ottawa, March 12th and 13th, 1913, has been received.

We here have a resume of the work done by this Association in every Province of the Dominion, with the results accomplished. You should read it.

The Sanitary Officers' Handbook of Practical Hygiene, By W. W. O. Beveridge, D.S.O., Lieut.-Col. R. A. M. C., M. B., C. M. Ed. D. P. H. Cambridge; Fellow of the Chemical Society; Analyst to the Army Medical Advisory Board.

C. F. Wanhill, Major and R. A. M. C., M. R. C. S., Eng.; L. R. C. P., Lond; D. P. H. Conjoint Board of England; Late Assistant Professor of Hygiene, Royal Army Medical College. Second Edition.

The Macmillan Company of Canada, Ltd., Toronto.

Health Nurses will find this work valuable. Chapters on "Water," "Sewage," "Ventilation," "Analysis of Foods," "Analysis of Beverages, etc.," "Calculation of Diets," etc., show the scope of the work. Blank leaves for notes are interspersed.

The Nursing of Nervous Patients. By Edwin L. Ash, M.D., Lon. Formerly physician (out-patients) to the Italian Hospital. London; author of "Nerves and the Nervous," "Mental Self-Help," etc.

The Scientific Press, Limited, 28 and 29 Southampton Street, Strand, London, W. C., England. Price 2/6 net.

Nurses to be successful in this branch, require special understanding to enable them to deal wisely with their patients. A clear knowledge of the nervous system is essential. This volume deserves careful perusal by all nurses, for all have to deal with nervousness in some form.

Babies: A Book for Maternity Nurses. By Margaret French, Sister at the General Lying-in Hospital, York Road, Lambeth.

Macmillan & Co., Ltd., St. Martin's Street, London, England.

This little book deals with the care of the normal infant, with a chapter each to the consideration of the Premature Baby, the abnormal baby and baby ailments. The care of the mother is not touched upon.

Massage and Swedish Gymnastics, and Other Exercises, for Masseuses and Nurses. By Thomas D. Luke, M.D., F.R.C.S., Medical Superintendent Peebles Hydro and Kur Hotel; sometime lecturer at the Ed-

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This volume comprises lectures first published in the "Nursing Mirror," and deals with the history of massage, its general and special technique, with illustrations of special exercises.

Diet in Dyspepsia. By Wiliam Tibbles, M.D., L.R.C.P., M.R.C.S., L.S.A., Medical Officer of Health for Melton Mowbray Rural District; author of "Food and Hygiene," "Foods: Their Origin and Composition," "The Theory of Ions," etc.

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"The human body is made up of organs which depend upon the smooth working of each other to establish a harmonious whole." Correct diet is essential to health, as well as essential in treatment of disease.

A Reference Hand-Book for Nurses. By Amanda K. Beck, graduate of the Illinois Training School for Nurses. Third Edition, revised.

W. B. Saunders Company, Philadelphia and London.

This book is brim-full of valuable information in concise form, most convenient for ready reference.

Gould and Pyle's Pocket Cyclopedia of Medicine and Surgery. Second Edition, Revised, enlarged and edited by R. J. E. Scott, M.A., B.C. L., M.D., New York. Formerly attending physician to the Demilt Dispensary, and to the Bellevue Dispensary; author of "The State Board Examination Series"; Editor of "Witthans' Essentials of Chemistry and Toxicology," and "Hughes' Practice of Medicine," etc., etc.

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A neat concise volume of condensed information, valuable to the student and to nurses who wish to keep up-to-date by review.

The following books have been received from The Scientific Press, Ltd., 28, 29 Southampton Street, Strand, London, England.

Physiology Made Easy. By Lucy Brooks, late Sister at the Victoria Hospital, Hull; trained at the General Infirmary, Leeds. Illustrated. Price 1/6 net.

The Nurse's Duties Before and During Operations. By E. Margaret Fox, Matron of the Prince of Wales' Hospital, Tottenham, London N., England. Price 1/ net.

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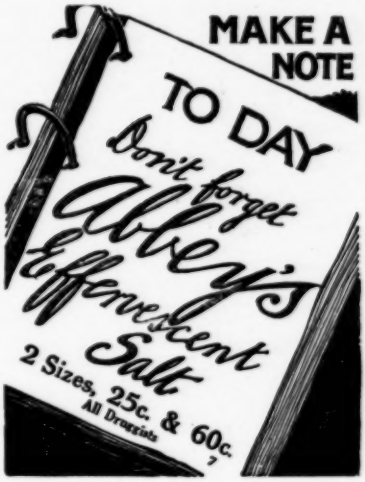

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CORRESPONDENCE

Dear Editor:

I am much impressed with the address published in the January number of your Journal, Nursing as a Profession, by Dr. Richard C. Cabot, delivered before the Junior Class at the Massachusetts General Hospital. May I be permitted to have repeated for the readers of "The Canadian Nurse" extracts which I consider of especial worth?

"We pass through a fire which consumes if it does not purify."

"Our profession cannot remain secular. If it attempts to do so it becomes a trade and a low one."

"We deal with human life, not with human bodies alone."

"There is no uncertainty about our venture. The road may turn either way, to life or to death; in any case it must be full of opportunity that we want—the opportunity for service, for sacrifice, for courage and cheerfulness under strain, for education and experience, and for knitting closer the bonds of friendship with all sorts and conditions of men."

All worthy indeed! But the "Golden Text" of the beautiful address is: "Wherever there is the greatest need of me, there is my home, and paradise can offer no greater blessing." Are we not humbly grateful for the favor that enables us to be a part of the profession to which these thoughts are especially applicable?

I myself purpose using for a maxim throughout the untried future: "Wherever there is the greatest need of me, there is my home, and paradise can offer no greater blessing."

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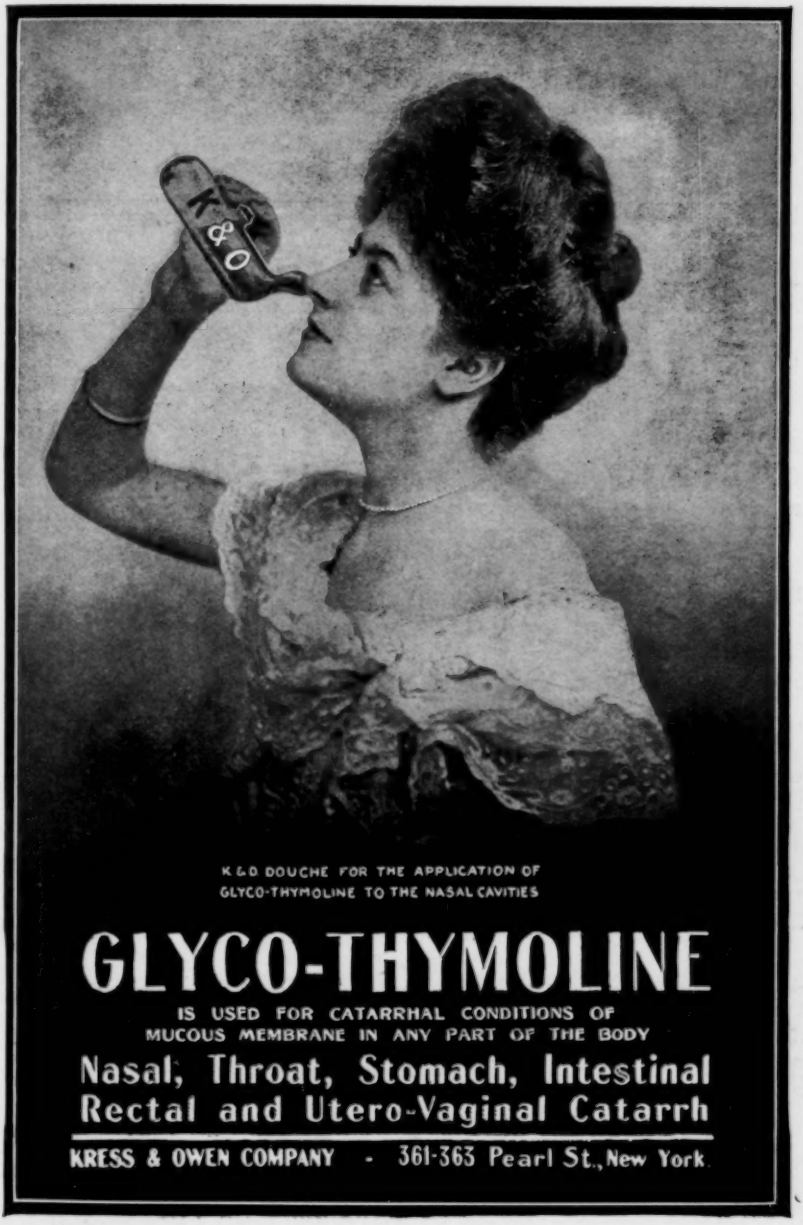
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